



## GEORGIA MEDICAID FEE-FOR-SERVICE MEDROXYPROGESTERONE IM PA SUMMARY

| Preferred  | Non-Preferred   |
|--|---|
| Medroxyprogesterone IM injection 150 mg/mL generic for contraception | Depo-Provera Injection 150 mg/mL (medroxyprogesterone IM) for contraception |

**LENGTH OF AUTHORIZATION:** 1 year

**NOTE:** If the provider is calling for authorization for administration in a clinic or physician's office, please go to the Registered User portion of the Georgia Health Partnership website at <https://www.mmis.georgia.gov/portal> to request a PA from Physician Services.

### PA CRITERIA:

- ❖ Approvable in the outpatient pharmacy setting for members being administered the medication in the member's home or in a long-term care facility

AND

- ❖ For brand Depo-Provera Injection 150 mg/mL for contraception, prescriber must submit a letter of medical necessity stating the reason(s) the preferred product, generic medroxyprogesterone injection 150 mg/mL for contraception, is not appropriate for the member.

### EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

### PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

### PA AND APPEAL PROCESS:

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

### QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.